Quarterly Totals

Demographic Reporting Form

Positive Alternatives

Date: ___January-March, 2015_____   **Grantee Name:** _Highland LifeCare Center____

1. Client Age Range:

Under 15	15-17	18-19	20-24	25-29	30-34	35+	Unknown age
2	2	5	24	25	18	17	2

2. Client Pregnancy Status:

1st Trimester	2nd Trimester	3rd Trimester	Post-partum	Pregnancy Status Unknown
3	6	14	14	0

3. Client Marital Status:

Married	Not Married	Marital Status Unknown
35	60	0

4. Client Race:

Race: White	Race: African-American	Race: African-African	Race: American Indian	Race: Asian Pacific	Race: Other/ Multi Race	Race: Unknown
40	20	19	2	8	6	0

5. Client Ethnicity:

Hispanic Ethnicity: Yes	Hispanic Ethnicity: No	Ethnicity: Unknown
11	32	0

INSTRUCTIONS FOR COMPLETING DEMOGRAPHIC REPORTING FORM

1. Enter the date covered by the reporting period. The date will correspond to the quarterly report (e.g., January – March, 2014).
2. Enter your organization name.
3. Using the Individual Demographic forms collected during the reporting period, enter the totals for each of the demographic categories in numbers 1 – 5.
4. Save the form as a new document. Send it in by email with your Update Report of the same quarter. Reports are due the 20th of the month after the end of a quarter.
5. Reuse the form each quarter.